

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Heritage Dental Health - Weymouth

452A Chickerell Road, Weymouth, DT3 4DH

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Cleanliness and infection control</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Heritage Dental Health Limited
Registered Manager	Mr. Adam Simmons
Overview of the service	Heritage Dental Health is situated on Chickerell Road, Weymouth, Dorset. The practice is easily accessed via the main road and there is adequate parking on site and nearby. The practice is located on a regular bus route. The practice provides treatments for both private and NHS patients.
Type of service	Dental service
Regulated activities	Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We found there were suitable arrangements in place for obtaining and acting in accordance with the consent of people who used the service.

The main treatment room was located on the first floor and was maintained to a high standard.

One patient who used the service said "No concerns about the service what so ever. People I have recommended the place to have also been very pleased." Another patient told us; "The staff are very polite and so helpful. No concerns at all."

We found there were effective systems in place to reduce the risk of infection. Treatments were undertaken in an environment which was modern, clean and maintained to a high standard.

We looked at all staff files and found that they evidenced that staff had received appropriate training to undertake their roles and responsibilities and also maintain their continued professional development (CPD).

We found the practice had a robust and effective system in place to monitor the quality of the service provided. We saw evidence regular audits were taking place to monitor quality, these included infection control, environmental cleaning and fire drills.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

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The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

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Heritage Dental Health is a small family practice consisting of the principal dentist and the practice manager who employ two members of staff. We found there were suitable arrangements in place for obtaining and acting in accordance with the consent of people who used the service.

We looked at a sample of 10 patient records which were maintained in paper format. We saw they contained treatment plans outlining what treatments were available and were relevant, the cost of each treatment so patients were able to make an informed decision. We found that written consent was obtained for proposed treatments and costs involved.

We saw the provider's policy for obtaining consent to treatment, which included appropriate guidance for informed consent, voluntary decision making and consent involving children. We found guidance was available on the Mental Capacity Act where there were issues about a person's capacity to consent.

We spoke with four patients who were attending the practice for an appointment. One person told us: "Treatments are fully explained, I'm particularly nervous so I know. They always put you at ease so I'm able to make an informed choice. I always sign consent forms as things are fully explained". Another person who used the service said "Previously I've been very scared of dentists. They are excellent here, no pressure to agree to any treatments, they are very friendly and accommodating."

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We saw patients booked in with the receptionist on their arrival and sat in the waiting room to be called into the surgery for their appointment. The waiting room was bright and clean with comfortable chairs. There was a variety of health promotion leaflets displayed in the waiting room for patients to read or take away and a number of products were available for patients to purchase.

The main treatment room was located on the first floor and was maintained to a high standard. We were informed by the principal dentist that the treatment room on the ground floor, which was used by dental hygienists, was also available for use for consultation and treatments for people who were unable to use the staircase to the main treatment room.

Patients attending the surgery were able to speak to the receptionist in a private area if they wanted.

We looked at a sample of ten patients records which provided detailed notes of any consultation with patients. We saw each patient had been asked to complete a medical history which was updated on a regular basis. We saw patient's medical histories were updated and checked regularly by the dentist and records included medical alerts such as allergies to minimise the risk of harm.

We saw there was emergency equipment on the premises such as a defibrillator and oxygen which were kept in the first floor treatment room. We saw they had an emergency drug kit. We found records to demonstrate the drugs were checked on a regular basis to ensure they were within the expiry date and safe to use. We found all staff had completed annual training in medical emergencies and cardiopulmonary resuscitation (CPR) and saw evidence of staff training certificates. This demonstrated that care and treatment was planned and delivered in a way to ensure peoples' welfare and safety.

One patient told us: "Staff are very helpful, smartly dressed and accommodating. The dentist I can't praise enough, he always explains things and puts me at ease. They are always willing to fit you with cancellations or between appointments if they can". We spoke to the receptionist who said "If patients are suffering with pain, we offer a sit and wait

appointment so that they can see the dentist at the earliest opportunity."

One person who used the service said "The service is fantastic; if I had anything seriously wrong I would be very confident with the practice." We spoke to a new patient who said "My first impressions are very good. It is clean, tidy and very professional."



**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

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**Reasons for our judgement**

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We found there were effective systems in place to reduce the risk of infection. Treatments were undertaken in an environment which was modern, clean and maintained to a high standard.

The practice decontamination process took place in the treatment room when patients were not present. We were told that there were plans to relocate the facilities to a separate decontamination room in line with best practice guidelines.

A dental nurse explained the decontamination process to us. We saw that suitable protective clothing was available such as a face visor, aprons and gloves. We found decontamination and sterilisation processes of instruments were carried out in accordance with health technical memorandum (HTM) 01-05 requirements. The HTM 01-05 is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. This provided guidance for the decontamination of dental instruments and infection control in general dental practice.

Instruments were then checked for debris under an illuminated magnifying glass before being placed into an autoclave (a machine that uses high temperature pressurised steam to sterilise instruments). We noted that the treatment room had clear demarcation of clean and dirty areas for decontamination of instruments.

We saw evidence to show regular checks of the autoclave were carried out.

We looked at audit checks that were undertaken for the cleaning of the surgeries at the start of each day, after each patient and at the end of the day to minimise the risk of cross infection. We looked at an up to date practice policy on infection prevention and control which provided guidance to staff.

We looked at staff records and saw evidence that all staff had been immunised against Hepatitis B and had received training in infection control. This was to ensure patients' were protected against the risk of exposure to health care associated infections.

Dental amalgam and fixer solutions were disposed of in sealed secure containers. Hazardous waste guidance was in place and an external contractor collected and disposed of the waste materials.

We saw a sharps box was available in the surgery for the safe disposal of used needles.

We looked at guidance available to staff on how to deal with accidental needle stick injuries and splashes of blood and body fluids. Guidance on hand hygiene was available to staff.

**Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

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## Our judgement

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The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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## Reasons for our judgement

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Dentists and dental nurses were registered with the General Dental Council (GDC) and were required to keep a record of their Continuing Professional Development (CPD). Learning was in the form of training courses reading journals and articles on the internet. We looked at all staff files and found that they evidenced that staff had received appropriate training to undertake their roles and responsibilities and also maintain their continued professional development (CPD).

The staff we spoke with confirmed the principal dentist was active in supporting them in their professional development. We spoke to the dental nurse who told us: "I feel very supported by the dentist who fully supports my CPD. Generally, we do CPD as a team as part of our 'lunch and learn' session." The receptionist told us "I get regular training in cross infection and emergency first aid."

One staff file contained an appraisal which was not dated. We did not see any evidence of any formal supervision between management and staff. Supervision of staff enabled managers to assess the development needs of their staff in a timely and formal manner. We were informed by the practice manager that due to the size of the team, supervision was regularly undertaken but was not currently recorded. The provider may wish to consider introducing a formal system of supervision in order to accurately record any development and performance issues for individual staff.

We saw that all staff had received training in safeguarding of children, however there had been no recent training in the safeguarding of adults. The practice manager confirmed that safeguarding training for vulnerable adults had been arranged.

One member of staff told us: "There are never any problems here. If I had any concerns I would feel comfortable about approaching the dentist or the practice manager. I feel we are a good team."

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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We found the practice had a robust and effective system in place to monitor the quality of the service provided. We saw evidence to demonstrate regular audits were taking place to monitor quality, these included infection control, environmental cleaning and fire drills.

We found that regular checks of the emergency equipment and medication were undertaken. Checks of dental equipment including autoclaves and x-ray machines were undertaken.

We looked at a selection of policies that included infection prevention and control, child protection and personal protective equipment which provided clear guidance to staff.

There was a complaint handling policy which provided details of how to complain and what action would be taken by the practice to resolve the concern. There were no complaints recorded against the practice during our inspection.

We looked at minutes of staffing meetings which included discussions on a number of subjects including consent to care and treatment and hand hygiene.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.



## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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